

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17219

Do not use this space.

FILED JUN 12 1943
PLACED JUN 12 1943

(a) County Adair Registration District No. 1
(b) Township Kirkville Primary Registration District No. 1000
(c) City Kirkville (d) Street No. Rural R.R. 7 Registered No. 1311
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 210 #7 St. ☐ Kirkville Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Molly Barger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Agriculture
10. Date deceased last worked at this occupation (month and year) May 1, 1943
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hannock County
(STATE OR COUNTRY) Illinois

13. NAME Daniel Barger

14. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

15. MAIDEN NAME Martha Ann Willard

16. BIRTHPLACE (CITY OR TOWN) Adams County
(STATE OR COUNTRY) Illinois

17. INFORMANT Eunice Boone
(ADDRESS) 308 N. Elson - Kirkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Center DATE 5-10-43

19. FUNERAL DIRECTOR (NAME) Davis Funeral Home
(ADDRESS) Kirkville Mo.

20. FILED 5/10/43, 19 Mo. J. L. Wagner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1943, to May 7, 1943
I last saw him alive on April 19, 1943 Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Zobor Pneumonia
Other contributory causes of importance: 10

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) R. T. Green, M. D.
(Address) Kirkville Mo.

RECEIVED

District Health Officer No. 10

District File Number 6-43-1086

Date Filed JUN 11 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 27557

P. O. Address Huddell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.